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# MCH PROGRAM DESCRIPTION

## Bangladesh



### Overall MCH and health sector situation

Bangladesh has a population of approximately 150 million, 33 percent of whom are under age 15, and has by far the highest population density in the world, with over 2,600 persons per square mile. Life expectancy is 63 years. In 2003, the total expenditure on health represented 3.4 percent of the GDP. HIV prevalence remains less than 1 percent among high-risk groups. Substantial progress has been made in education over the last 20 years. Primary school enrollment has increased to 94 percent, the gender balance has improved, and public spending on education has expanded. Bangladesh ranks 139 out of 175 countries on the United Nations Human Development Index.

Bangladesh has achieved remarkable progress in population and health over the past 30 years and is one of six countries that are on track to achieve the MDG for reducing child mortality. In the last 15 years, U5MR has declined from 133 deaths per 1,000 live births to 65. This decline is mostly due to reduction in the child mortality rate from 50 to 14 and the post-neonatal mortality rate

from 35 to 15. The neonatal mortality rate, however, remains high at 37, accounting for 57 percent of all under-5 deaths. Although maternal deaths continue to decline steadily, the MMR is still high at about 320 per 100,000 live births. Since the early 1970s, the TFR has declined from 6.3 children per woman to 2.7 in 2007, and the contraceptive prevalence rate has increased from 8 percent to 56 percent. However, unplanned pregnancies still account for 30 percent of all births. Improvements in the use of family planning and maternal and child health services are particularly low in some geographic areas of the country.

The Health, Nutrition, and Population Sector Program 2005–2010 (HNPSP) is a \$3.1 billion program to increase quality and use of the Essential Service Package (ESP), which includes family planning, reproductive health, maternal and child health, selected communicable diseases and curative care, improved hospital services, nutritional services, and other selected services at affordable prices. Development partners' contributions to HNPSP account for 44 percent of the total budget of HNPSP; partners include DfID, EC, The World Bank, the Netherlands Government, CIDA, SIDA, and KfW. USAID provides its contribution as non-pooled, parallel funding, and the Government of Bangladesh provides its own contributions for the HNPSP. In addition, there are three newly funded UN projects, funded by DfID, the EC, and AusAID, that aim to reduce maternal and newborn mortality.

### MCH interventions at the Mission level

The USAID program increases access to essential maternal health services, including antenatal and postnatal care, SBA, clean delivery, prevention of postpartum hemorrhage in facilities and home deliveries, and home-based newborn care practices. To contribute to the reduction in U5MR, USAID supports the prevention and management of pneumonia and diarrhea, immunizations, and vitamin A supplementation. The USG-assisted nutrition program will potentially reach over 200,000 children, about 2 million cases of child diarrhea will be treated, and approximately 48,000 people will be trained in maternal and child health and nutrition.

### **Delivery approaches and mechanisms supporting expanded coverage/use of interventions**

USAID supports a social franchise network of over 30 NGOs that provide MCH and family planning services through over 300 static clinics, 8,000 satellite clinics, and 6,000 community health workers who provide services for approximately 20 million people. In addition, USAID supports a community-based essential newborn care program through approximately 300 community health workers and community mobilizers in Sylhet district, covering a population of 1.6 million with plans to expand to 3.4 million by 2009. The Social Marketing Company (SMC) markets ORS through 160,000 sales outlets throughout Bangladesh and has expanded its products to include zinc, micronutrients, and safe delivery kits. In addition, SMC's Blue Star franchise network of over 3,000 "non-graduate" health practitioners provides child health and pregnancy care. SMC's mass media campaigns and community outreach workers increase awareness about maternal, newborn, and child health issues. In the public sector, USAID strengthens facilities to conduct AMTSL services.

### **Specific actions supported as part of the MCH approach**

USAID supports the development of the capacity and efficiency of the private sector through the SMC and the Smiling Sun Franchise; the latter aims to increase cost recovery from 25 percent to 50 percent within the next 5 years. USAID supports the public sector health system to prevent postpartum hemorrhage and provide long-term and permanent family planning methods and contraceptive logistics systems.

### **The USAID program's geographic focus**

USAID supports a nationwide program, allocated by the government, which covers over 20 million people in primarily hard-to-reach areas.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

The Government of Bangladesh is the largest provider of MCH services in the country. Government activities and programs are designed mainly to increase access to facility-based emergency obstetric care services and community-based skilled birth assistance. UN organizations provide financial and technical assistance to MCH activities. The World Bank provides loan support to the national program, while the Asian Development Bank supports an essential service package in major urban areas.

The USG complements these Government of Bangladesh activities by strengthening NGOs to manage and deliver MCH services. USG also provides technical assistance to strengthen the government's drug logistics system. All major donors including USAID work through a health development partners' consortium to coordinate Government of Bangladesh and donor-supported MCH activities. The consortium meets on a regular basis to coordinate programmatic issues, assess technical difficulties, identify implementation gaps, and avoid duplication of effort.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

*USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

The Title II program aims to increase household food security and to improve the health and nutrition of pregnant women and children under 2. The program includes growth monitoring and promotion and antenatal and postnatal care.

### **Planned results for the Mission's MCH investments over the next 5 years**

Over the next 5 years, USAID will increase antenatal care coverage by 15 percent, essential newborn care services by 50 percent, and AMTSL in all facility deliveries and treatment of children for pneumonia and diarrhea by more than 20 percent in targeted areas.

<b>MCH COUNTRY SUMMARY: BANGLADESH</b>		<b>VALUE</b>
<b>MCH FY08 BUDGET</b>		13,333,000 USD
<b>Country Impact Measures</b>		
Number of births annually*		4,417,000
Number of under-5 deaths annually		287,000
Neonatal mortality rate (per 1,000 live births)		37
Infant mortality rate (per 1,000 live births)		52
Under-5 mortality rate (per 1,000 live births)		65
Maternal mortality ratio (per 100,000 live births)****		322
Percent of children underweight (moderate/severe)		41%
<b>Birth Preparedness and Maternity Services</b>		
Percent of women with at least one antenatal care (ANC) visit		60%
Percent of women with at least four antenatal care (ANC) visits		21%
Percent of women with a skilled attendant at birth		18%
Percent of women receiving postpartum visit within 3 days of birth		20%
<b>Newborn Care and Treatment</b>		
Percent of newborns whose mothers initiate immediate breastfeeding		24%
<b>Immunization</b>		
Percent of children fully immunized***		82%
Percent of DPT3 coverage		91%
Percent of measles coverage		83%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>		
Percent of mothers receiving iron-folate		N/A
Percent of children receiving adequate age-appropriate feeding		74%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months		88%
Percent of children under 6 months exclusively breastfed		43%
<b>Treatment of Child Illness</b>		
Percent of children with diarrhea treated with ORT		85%
Percent of children with diarrhea treated with zinc		N/A
Percent of children with pneumonia taken to appropriate care		28%
<b>Water, Sanitation, and Hygiene</b>		
Percent of population with access to improved water source**		80%
Percent of population with access to improved sanitation**		36%
* Census International Database    ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report    *** Fully immunized at any time before the survey **** National Institute of Population Research and Training (NIPORT), ORC Macro, Johns Hopkins University and ICDDR,B. 2003. Bangladesh Maternal Health Services and Maternal Mortality Survey 2001. Dhaka, Bangladesh and Calverton, Maryland (USA): NIPORT, ORC Macro, Johns Hopkins University, and ICDDR,B. Unless otherwise noted, the data source is the 2007 Bangladesh Preliminary Demographic and Health Survey Report.)		